New England Deaconess Hospital

pulse

185 Pilgrim Road, Boston, Massachusetts July-August 1987

Benefits addressed as a result of survey findings

Two new programs are being developed to meet employees' benefits needs.

Among the messages sent by employees through last fall's attitude survey was an expressed interest in the hospital's benefits program. The concept of "benefits" really encompasses several related issues, including the current vacation/sick/holiday plans, the availability of child care options, the idea of flexible benefits, and even the problem of unscheduled absences.

During the past several months, members of the Human Resources Department and Administration have been working on specific programs to address the subject of benefits. The two proposals outlined below represent responses to employees' concerns that some portions of the current benefits program do not allow them to exercise enough choice in the use of paid time off and the application of their benefits dollars.

Earned time

Among the more comprehensive responses to employee concerns about benefits is earned time. This approach has been adopted by many of the Deaconess's neighbors (including Beth Israel, Brigham and Women's, and The Children's Hospitals), and is widely used throughout the country to encourage employee participation in and responsibility for their use of paid time off.

Earned time offers employees a great deal of flexibility in paid time off benefits. "The idea of earned time is simple," says Mark Grubbs, manager, compensation and benefits. "Each employee earns paid time off on the basis of hours worked. Time is stored in an earned time 'bank.' The stored time is then used to pay for vacations, holidays, and absences due to illness or other personal needs. Or, some earned time may be converted to cash. The object of earned time from the employees' point of view is to reward those who effectively manage their paid time off to meet their own needs and the needs of their departments."

Earned time also helps the hospital in two areas; achieving more efficient scheduling and controlling absenteeism.

"For the hospital," says Grubbs, "we expect that earned time will result in more effective scheduling of time off." Earned time works best when scheduled and requested in advance of a planned day off. It helps supervisors to plan staffing needs and it helps the hospital maintain quality of patient care.

Earned time also helps control absenteeism that occurs as a result of unnecessary sick time. Employees who call in sick when they are not really sick – but just want a day off with pay – are a problem for all employers. "Many people mistakenly believe that sick days are a 'right,' " says Grubbs. "But building in sick days as part of a benefits program was intended to provide a form of employee 'insurance'

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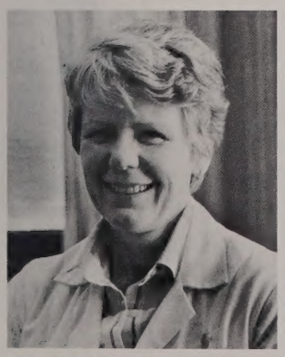
SURVEY UPDATE

Frasca receives vascular nursing award



Jane Frasca, R.N.

Jane Frasca, R.N., Farr 9 vascular coordinator, received the first annual Jeanne E. Doyle Award for clinical excellence at the June annual meeting of the Society for Peripheral Vascular Nursing. She was nominated for the award by Linda Denekamp, R.N., Farr 9B head nurse; Joanne MacDonald, R.N., unit teacher; and Gary Gibbons, M.D., chief of vascular surgery.

"When your peers honor you with something like this, it's very meaningful," says Frasca. "I feel this award really belongs to every nurse in the vascular unit and to all the special dressing nurses, whose example of excellence in the care of vascular patients we are following."

For several years Frasca was team leader for the special dressing service, a group of nurses specializing in the care of patients with diabetic foot problems. When the Farr 9 vascular cluster was started last year, she became vascular coordinator, teaching the staff nurses dressing techniques, wound assessment, and other special skills. She continues to work closely with vascular patients, and recently began teaching a weekly class on foot care for patients and families.

Head nurse Linda Denekamp says, "During Farr 9's change to a vascular cluster unit, Jane acted as a tremendous support for the nursing staff, while adjusting to changes in her own role. Her expertise and enthusiasm contributed to the successful implementation of the staff's educational program."

The Society for Peripheral Vascular Nursing was founded in 1982 and has 360 members in the United States, Canada, Australia, and New Zealand. Members represent all facets of nursing care for patients with peripheral vascular diseases.

A 1960 graduate of the NEDH School of Nursing, Frasca says, "The Deaconess has an excellent record in caring for vascular disease patients, who tend to have particularly difficult problems. A lot of credit for the hospital's success is due to the primary nurses who coordinate all aspects of patient care, working closely with the vascular surgeons, physical therapists, social workers, and dietitians. I feel very proud to be part of this committed and caring professional team."

School of Nursing graduates eighty-ninth class

Class of 1987 praised for maturity and enthusiasm

Debbie Smith receives her Deaconess pin from Judith Farias, R.N., associate director, School of Nursing, at the Baccalaureate ceremony.

"Never has nursing been a more challenging, intellectual, and high energy field than today, requiring as much expertise, specialized knowledge, and diplomacy as any profession," said Gary W. Gibbons, M.D., chief of vascular surgery at the Deaconess, as he spoke to the members of the NEDH School of Nursing's Class of 1987 at their graduation ceremony May 14.

Gibbons praised the graduates for committing themselves to a profession and a field that is undergoing "one of its most stressful and darkest times." Gibbons spoke candidly about diagnosis related groups, malpractice issues, health maintenance organizations, and other changes in the health care system and how these issues have affected many doctors and nurses.

"Never has there been more turmoil in the medical profession as a whole than there is today, and that is why you are so special," he said. "For three years you have witnessed and been a part of these changes, many of which present a frightening reality and an uncertainty about your future, and yet you are here tonight, ready and prepared to enter this profession with enthusiasm, hopefulness, and a general caring for mankind."

Gibbons emphasized the importance of nursing in an increasingly complex health care environment. "I don't think that any other profession has gone more unappreciated than nursing. Nursing is not bedpans and needles. In the last 10 years of medicine, we have seen physicians specializing and subspecializing in every aspect of medicine. But the nurse remains the generalist, having to care for all problems associated with the patient. The nursing profession has and will continue to be the spine of the medical profession."

Delivering greetings to the graduates on behalf of the medical staff, Jerome E. Groopman, M.D., chief of hematology/oncology and a nationally known AIDS researcher, said, "I think that, for this graduating class, AIDS represents the ultimate test. And I think this class has passed that test in the best of all possible ways. There has clearly been a tradition set for New England and indeed for the rest of the United States by our institution. A tradition of a level of care and understanding which is really unmatched. There is a sense of maturity that I think the Nursing Department here has demonstrated, a sense of maturity that you have grown into, to deal professionally with these complex issues. As new members of the professional Deaconess family, I would like to welcome you to a tradition of tremendous caring and support."

Gary Gibbons, M.D., spoke to the graduates about nursing's importance in today's complex health care environment.

Graduates (from left) Linda May, Colleen MacNeil, Jane Griffin, and Michele Landry Fanning, listen to the speakers.

On organ donor day in April, the Palmer 4 and transplant office staffs — along with transplant recipients and candidates — passed out buttons, balloons, and donor cards, and sold "Be an Organ Donor" T-shirts in the Farr lobby. Pictured are (standing, from left) Pat Conway, R.N., transplant clinician; Julie Hirtle, transplant/dialysis secretary; Steve Rivken, kidney transplant candidate; Ali Marks, R.N., Palmer 4, and her daughter Ashley; Pam Roberto, R.N., transplant clinical research coordinator; and Dana Grady, R.N., Palmer 4. Seated are Marianne Walsh, kidney transplant candidate; Catherine Kilcoyne, liver transplant recipient; Ruby Wiles, liver transplant recipient and Caroline Hastie, R.N., Palmer 4.

"Today is a long-awaited day for this class, a day we never thought would happen," McLaughlin said. "As we stand here today, there are so many people we should be thinking of who have helped us get here. First and foremost, we should thank each other. We have endured these three long years as a class and have helped each other reach our goals." She also thanked the faculty, friends, families, and especially parents of the graduates for their support through the years.

Barbara Hooker, R.N., director of the School of Nursing, and Colby Hewitt Jr., chairman of the Board of Trustees, presented diplomas to the 42 graduates. Five members of the class — Susan A. Evans, Arlene Johnson, Yolanda Johnson, Karen Reynolds, and Melissa Smith — graduated with honors. Smith also received the Alumnae Association Scholarship.

The baccalaureate and pinning ceremony for the graduates was held earlier in the day in the Marsh Chapel at Boston University. Reverend Jon Gray, senior pastor of the First Church of the Nazarene in Lowell addressed the class.

SURVEY UPDATE

(continued from page 1)

against illness — 'insurance' against having no paycheck coming in during a time when an employee is out sick."

Absenteeism is especially troublesome for hospitals. "Patients still have to be cared for, no matter how many people call in sick on any given day," says Grubbs. "Absenteeism not only costs the hospital money, but seriously affects the workload of others who must stay and cover for an absent employee."

The advantages of earned time for employees and employers prompted the hospital to put together a plan for eventually converting to the system. In April, more than 160 employees were invited to a series of focus groups to review the program and the methods to be used in converting to the new system. The meetings were useful in:

- providing a better picture of how employees feel about the current benefits structure (Deaconess benefits are highly valued by those who attended the focus groups);
- showing that, while the overall idea of earned time is relatively simple, the details are complex and will require more communication for better understanding;
- pointing out some misconceptions about how the details of the program will work and some potential inequities in the proposed conversion formulas.

The information gathered at these meetings will be incorporated into a revised version of the program, which will be the subject of additional discussion later this year.

Flexible benefits

Flexible benefits cover many areas of the total benefits program that are not a part of "earned time." These include current benefits such as medical insurance, dental insurance, personal life insurance, spouse and dependent life insurance, and retirement savings. The program also may include some special "reimbursement accounts" that provide tax savings opportunities for employees who must pay for dependent care or medical expenses not covered by health insurance plans.

Like earned time, flexible benefits offer employees a choice, according to their needs. Unlike the earned time program, which represents an added expense to the hospital, flexible benefits is a "revenue-neutral" program, according to Grubbs. "The total amount of money that the hospital now spends on these benefits will be the same under the flexible benefits program; it's just that the money will be used more efficiently," he says. "Employees who shop carefully for their flexible benefits will get an excellent program tailored to their needs; careful shopping also will help the hospital to spend only what it needs to spend on these benefits."

Flexible benefits provide a tax break as well as a choice. "Once an employee decides on the benefits he or she wants, the dollars used are 'before-tax dollars' — the full dollar will be spent on the benefits and is not taxed," says Grubbs.

The major new provision of the proposed flexible benefits program is that employees can allocate part of their budget to "reimbursement accounts." These can be used to pay for health care expenses that are not normally covered under the standard health insurance coverage (items such as deductibles, eyeglasses, braces, cosmetic surgery, and hearing aids). Reimbursement accounts also may be used for dependent care expenses; this includes costs for child care. "We are very pleased with this particular part of the program," says Grubbs, "because we know from the survey results that child care is a major expense for many employees."

Focus groups on flexible benefits were held during June. As with earned time, employees' comments and suggestions from these meetings will be incorporated in the final design. The program is slated to become effective on January 1, 1988. A future issue of *Pulse* will contain further information on the proposed flexible benefits program.

"Employees who shop carefully for their flexible benefits will get an excellent program tailored to their needs."
— Mark Grubbs, manager, compensation and benefits

Hoffmann writes of the varied experiences of internship

In his recently published book *Under the Ether Dome,* Steve Hoffmann, M.D., NEDH infectious disease fellow, recounts how his internship year at Massachusetts General Hospital changed the way he looked at himself, his patients, and the practice of medicine.

"As an intern, I was struck with how fascinating our day-to-day experiences were from a human nature standpoint," Hoffmann says. "I went looking for books that people had written about the internship experience, but was disappointed to find that most of them were distorted and sensationalistic. I decided to try my hand at writing something, but knew that internship was not the time to do it."

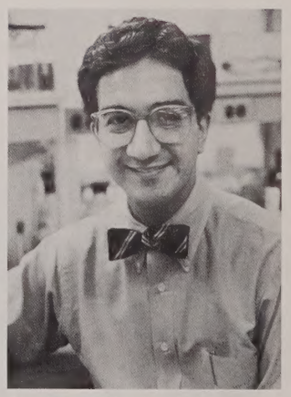
Hoffmann took notes on his experiences throughout his internship and began writing the book as a junior resident. He continued working on it during his senior residency and after beginning his Deaconess fellowship in 1985, and completed it last fall.

He says, "I wanted to entertain and instruct readers, to show how an intern goes through a transition of values by taking on responsibility for life and death decisions. I also wanted to talk about the surprises, funny situations, and ethical conflicts that interns confront every day.

"A lot of interns and residents go through their training years feeling that they don't have much personal support. Reading about what someone else has gone through, knowing that they have shared your feelings of confusion, anger, or being overwhelmed, can be helpful, Hoffmann says. "But I also hope the book will appeal to lay readers who are interested in books about medicine."

Hoffmann's book has been praised by several advance reviewers. Arnold Relman, M.D., editor of *The New England Journal of Medicine,* called it it "A sensitive and compelling personal account of medical internship . . . a superbly readable book." Oliver Sacks, M.D., author of *The Man who Mistook His Wife for a Hat,* wrote that it was "A wonderful, funny, laceratingly truthful and beautifully balanced account."

Hoffmann is a graduate of Princeton University and Harvard Medical School. As part of his infectious disease fellowship, he is working on antibiotic research with Robert C. Moellering Jr., M.D., chairman of the Department of Medicine. He also is a contributing editor to the *Harvard Medical School Health Letter.*



Stephen Hoffmann, M.D.

Excerpts from *Under the Ether Dome*

On ethics

After a while I came to the sad conclusion that inconveniencing a certain number of patients in order to learn medicine, even hurting some, was unavoidable. I reconciled myself to the fact that in order to allow me to learn, some patients would be giving freely of themselves, sacrificing comfort or time. And that while I would sometimes be able to return the favor in some other way, often the sacrifice would go unreciprocated, a gratuitous gift. Our learning to be physicians ultimately derives from the charity of patients.

On nurses

Not only did nurses guide me through crises of all kinds; they often brought to their work a welcome sense of humor and provided me with much-needed moral support. My feelings about nurses weren't shared by all my colleagues. Many doctors think of nurses as only handmaidens to physicians rather than as professionals in their own right who have unique skills to offer. Even patients, I learned, sometimes failed to give them their due.

Employees honored at 32nd service awards dinner

"The reason the Deaconess has been able to grow, and the reason our patients keep coming back, is because of the care you, our employees, give them," said Laurens MacLure, hospital president, to the 700 employees and guests attending the annual service awards dinner in April. About half of the hospital's current 3,200 employees were eligible to attend, having completed five or more years of service.

Adrienne Guptill, phlebotomy supervisor, receives her Award of Merit from Richard Lee, executive vice president.

During this year's dinner, held at the Marriott Copley Place, Colby Hewitt Jr., chairman of the Board of Trustees, brought greetings and appreciation from the board. Richard Lee, executive vice president, presented Awards of Merit to those who had completed 25, 30, or 35 years of service. A new videotape, prepared by Media Services and Human Resources, depicted the activities of many Deaconess employees during a typical day at the hospital.

This year's award recipients were Frank Bettinelli, hematology lab, Phyllis Giardini, Nursing, and Phil Pacella, Pharmacy, for 35 years; and Susanne Creutzberger, surgical services, Marie Dumont, cardiology, Barbara Howell, peritoneal dialysis, and John Markarian, School of Nursing, for 30 years.

Twenty-five year recipients were Harriett Bailey, Pathology; Joanne Casella, Pathology; Albert DeSimone, Radiology; Joanne Fritsch, Nursing; Hermene Grace, Nursing; Adrienne Guptill, Pathology; Gladys Healy, Telecommunications; David Lilley, Administration; William Nichols, neurophysiology lab; Serena Perry, Building Services; Lorna Schroeder, Nursing; and Mary Wiegand, Patient Transport.

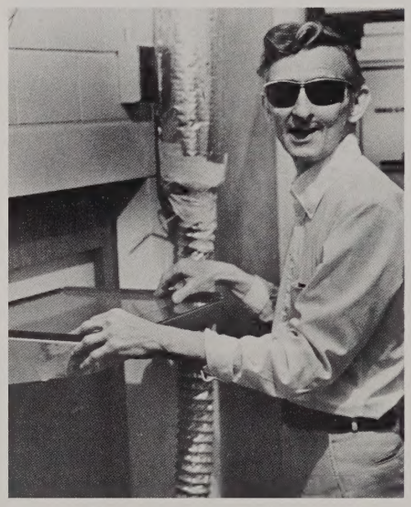
Efrain Salgado (left), transportation, and his group Trio Mara entertain before the dinner.

Long-term employees show dedication to the hospital and its patients

John Markarian has been music director at the School of Nursing for 30 years. "Participation in the Glee Club used to be required of all freshmen, so we had a group of as many as 50 voices," he says.

Today Markarian conducts the 10-voice vocal ensemble that sings at candlelighting ceremonies and at graduation and baccalaureate. The group also gives a Christmas concert and sings at local churches and alumnae reunions. Music director at the Westwood schools for 36 years, Markarian says, "Working with the Deaconess students is rewarding and satisfying. I've enjoyed it very much."

John Markarian rehearses members of the School of Nursing vocal ensemble for their performance at graduation.



Albert DeSimone places x-ray films into the automatic processor, which develops them in as little as 90 seconds.

When Albert DeSimone, darkroom technician, came to the Deaconess 25 years ago, x-ray films were processed by hand. "I would take the films out of the cassettes, place them in hangers, dip them into developer, then into the fixing solution, and then rinse and dry them. It took up to 20 minutes for the film to be ready for the radiologist."

DeSimone, who lost his eyesight in the Korean War, today is in charge of the main darkroom on Baker 2. He operates and maintains the two automatic film processors that can develop x-rays in 90 seconds. "With all the procedures Radiology does these days, I'm busier than ever," he says. "I enjoy being my own boss and making the decisions about the darkroom."

Joanne Fritsch worked as a licensed practical nurse for most of her 25 years at the hospital. "When I was a student I used to ride past the Deaconess and think 'I'd never be so lucky as to work there.' But after working a couple of years at Lemuel Shattuck Hospital, I got a job in the Deaconess operating room. A few years later I moved back into bedside nursing, which I had really missed."

Fritsch had to stop working as a nurse last year because of a back injury, and now is an evening unit coordinator, processing and keeping track of physicians' orders for patient care. "I was heartbroken when I couldn't continue nursing," she says. "But thanks to the Deaconess, I'm still working here."

Joanne Fritsch was a licensed practical nurse for most of her Deaconess career and now is a unit coordinator.

Alumnae notations

D. Kohlars '18: I am 91 years old. They're called the "Golden Years;" I find them rather "brassy."

Ethel Hatch '19: Bob and I have curtailed our activities due to the aging process. We are reasonably well. Am thankful I can do my knitting and crocheting projects, which keep me busy.

Elsie Wills '21: So sad about the School closing. Have talked on the phone to Lucy Backer. She is well and had a wonderful 90th birthday party. I was 90 in February.

Evelyn Gage '28: After four operations on legs and feet, I use a cane. I work mornings caring for a blind friend and teaching her how to keep house and be active.

B. Helen Dean '31: I care for infants who cannot go to day care because of some medical or surgical problem — one at a time usually — until they're ready for their peers. Also help my husband in advertising specialty business.

Elizabeth Wells Agurkis '32: We have moved into our first *new* home — built it last summer!

Vieva Robinson Hendren '33: I am now a permanent Punta Gorda, Florida, resident. I broke my knee in March and married an old friend in April!

Lois Warren '33: I am grieving over the School's closure. I am well and happy, doing church and volunteer work, traveling, and love to work in my gardens.

Florence Crosby Horsfield '34: We have been in Florida since 1970 and have enjoyed every minute of our lives here. We are both active in church work and volunteer in the community. I am still greatly distressed over the trustees' decision to close the School. I personally know how much my good education meant to me. Not from books (except the Bible) did we learn about caring, compassion, and thoughtfulness, but from our head nurses and instructors in the hospital.

Eleanor Lundgren Heilmann '37: We're in the Palm Beach, Florida, phone book and welcome friends from November 1 to May 1.

Lena Belknap '38: I retired in July, 1986, after 40 years at Samaritan Hospital, Troy, N.Y. The last 17 years I served as director of the School of Nursing. I am now working on the School's history.

Gwendolyn Boyd Crane '38: Still part-time at U.N.H. Health Services, in spite of having two lens implants.

Elizabeth Blakely Couser '39: I was very sorry to hear that the School is closing.

H. Wollenhaupt '41: John and I are living in South Carolina and are most fortunate to have both our son and daughter nearby.

Jeannette Kezer Fugina '41: Our six children are scattered all over the country. We are retired and travel a lot, visiting them and attending Elderhostels.

Esther Ross Cash '43: I became a grandmother again in April — lucky me!

Janet Thomas '43: She is now wheelchair bound and can walk only with assistance. Although she is legally blind, her mind is still sharp. She would love to hear from old friends.

Ruth Heller '45: My husband is now retired from his orthopedic practice. We are living on Tripp Island, South Carolina, while waiting for our home to be built in Williamsburg, Virginia.

Constance Bryant '46: The November reunion was our 40th. I enjoyed being with classmates and seeing many familiar faces.

Elaine Pickering Casey '46: We had a wonderful evening celebrating our reunion. About 20 — including a few husbands — attended.

Shirley Rushforth Kruschwitz '47: I love it here in Florida. Two daughters live near, one stayed in New England. I was so sorry to hear that the School is closing.

Jane Marshall Larrabee '47: I am executive director of Seacoast VNA.

Florence Perry '47: Received my M.S. in human services administration from U. Mass in June 1986.

Jean Wilkinson '47: My husband and I have been "full-timing" it: living in our 31-foot Airstream trailer while traveling the countryside for almost two years!

Send your alumnae news to Betty Benn, 63 School Street, Manchester, Massachusetts 01944. Please type or print clearly, do not use abbreviations, and indicate maiden name (if applicable) and year of graduation.

Alumnae news in brief

Births

Sandia Lawson '67: first child, Erik Lawson Jefferson.

Kathleen Tirrell Wilson '73: a daughter, Kathryn Tirrell, February 13, 1986.

Bonnie Fulmeier '75: first child Danielle, January 30, 1987.

Carlotta Murray Gould '80: first child Jared, July 9, 1986.

Weddings

Katherine Hollingsworth Sweeney '69 to Richard Overton

Monique Fortin '75 to Charles Hegarty, July 1986

Kathleen Balzarini '79 to Michael Chung, July 1986

Joanne Rawling Prentice '83, November 1986

Sympathy

Virginia Ross Cunningham '38, on the death of her husband George in January 1986.

Barbara Hazlett Manger '44, on the death of her husband Alden in February 1987.

Deaths

Esther Larson Cederberg '21
Virginia Carrier Rixford '26
Aina Hill Carlson '27
Ruth Upton Killeen '27
Dorothy Bigelow Landin '27
Virgie King Dahlquist '28
Gertrude Wilkinson Merrill '29
Sarah Lord Lamb '31
Lois Moulton Henson '32
Barbara Currie Flagg '36
Mabel Horton Capin '40
Janice Golart Burdett '52
Gregory R. Hoye '82

Alumnae notations *(continued)*

Elizabeth Hayes Carpenter '48: I am very involved with the hospice movement and gardening. A Deaconess nurturing nature, I guess.

Carola Chaffin '48: In October I had a wonderful visit with Nancy Poland Wegmann. She's walking with the aid of a brace and walker — doing great!

Barbara Corey '48: I now am continuing care nurse for South Shore Medical Center, Norwell. I feel it's the most satisfying nursing I've ever done. I have a feeling of professionalism restored.

Edna Robinson Dutra '49: I've changed my job, sold my house, and moved to a condo, all since August 1986!

Ada C. Knauff '49: I retired in July '86 after 31 years in public health with the state of Maine. Now I await assignment in the Peace Corps.

Jan Burbank '51: I received my B.S.N. from Intercollegiate College of Nursing Education in 1985, and am certified in gerontological nursing. I am working as a nursing care consultant for DSHS, state of Washington. I continue to appreciate my basic nursing education.

Nancy Gillespie '51: Have just returned from an 18-month trip around the U.S. by RV with my husband and dog. Am now associated with Worldwide Auditing Services Inc., in Tampa, auditing medical records for insurance companies.

Audrey Peddle Landers '51: We had a visit from Isabelle Gorringe Mullen and her husband Don in September. We had not seen each other since our 25th reunion in 1976.

Caroline Callan '53: I am working part-time days in the Winchester Hospital emergency room.

Anne Kiddy Kay '54: I'm working in the OR at Children's Hospital National Medical Center; attended the AORN conference this past year in California.

Joanne Carr Field '55: I work part time nights in the Melrose-Wakefield ICU. In December 1986 I finished my last course for my B.S.N. Have two granddaughters, ages 3 and 6.

Alice Clark Giardini '55: I am finding working with Alzheimer's residents in a nursing home very challenging, interesting, and at times heartbreaking.

Judith Hawkes Grocott '55: We moved to New London, N.H., in December. I am learning cross-country skiing and the ways of country living. Love the area! I am very disturbed at the decision to close the School.

Helen Robbins Levy '55: I work and teach at Bristol Nursing Home in Attleboro.

Shirley Perkins Smith '55: I am associate director of a 130-bed head trauma unit.

Juanita Settele Davis '56: Parker and I now have four grandchildren — three girls and one boy — who live in New York and Arizona.

Ellen McAveeney '56: Anne, Jim, and Jay are a pharmacist, CPA, and tax lawyer, respectively. So I'm working part time at Bryn Mawr Surgicenter and loving it!

Hilary H. Klein '58: In September I became assistant director of nursing in a 216-bed long-term care facility.

Judy Burkhardt '60: Combining art and medicine, I am strudying scientific illustration at U. Arizona. I am aiming at doing illustrations, graphs, and lettering for private practitioners who write articles and present papers.

Lynda Ferdinando '60: I'm happy to be in sunny Florida, working for HRS in Medicaid Office as an R.N. specialist in the new "CARES" program, assisting with nursing home and alternative placement. I'd welcome NEDH friends anytime.

Nancy Gates Hayes '60: Our son Mark is a first-year cadet at the U.S. Air Force Academy.

Moving?
Please send changes of address to NEDH School of Nursing, One Autumn Street, Boston, Massachusetts 02215.

Alumnae reunion registration

The 19th annual reunion of the NEDH School of Nursing Alumnae Association will be held on Saturday, November 7, at Audrey Kennedy Hall, One Autumn Street, Boston. Parking will be available at a cost of $1 in the Pilgrim Road Garage opposite Kennedy Hall.

Coffee and registration will begin at 8:30 a.m., and the business meeting will start at 9:45 in the auditorium. The program, a presentation by Patricia Conway, R.N., Deaconess transplant clinician, will begin at 10:30 and be followed by luncheon at 1:15 p.m. at The Steak Place in Chestnut Hill.

Advance registration is required. Please complete the attached form and send it, along with your $15.00 donation, by October 18.

Alumnae Reunion Day
November 7, 1987

Send to: Alumnae Association, New England Deaconess Hospital School of Nursing, One Autumn Street, Boston, Massachusetts 02215. Deadline: October 18.

Name:_____
(please include maiden name)

Class: _____

_____ I plan to attend and am enclosing my check for $15.

_____ I will need transportation to The Steak Place.

_____ I can offer transportation for _____ people to The Steak Place.

Please make checks payable to Alumnae Association, School of Nursing, New England Deaconess Hospital.

Surgical liaison volunteers needed

The Deaconess needs retired nurses as volunteers for its surgical liaison program. Surgical liaison volunteers provide support and information for families waiting while a loved one is having surgery. They are a vital communications link between patients, families, and staff.

Surgical liaison volunteers work one day a week — mornings, afternoons, or the entire day. Training is provided by the Recovery Room staff. Volunteer benefits include free parking, uniforms, and meal tickets.

For more information call Phyllis Wasserman, director of Volunteer Services, at (617) 732-8044.

As a surgical liaison volunteer, Ann Borek '48, (second from right) provides information and assistance to families waiting for patients in surgery.

Judy Collins Gordon '61: I passed the Mass. exam and now am a practicing licensed nursing home administrator in a 108-bed facility in Wakefield.

Frances Swift MacPherson '61: Our daughter Karen is a 1987 dean's list graduate with a B.S.N. from Salem State.

Jean Jenkins '62: I am currently enrolled in a 6-month nursing home administrator-in-training program with Hillhaven, Inc., and love it.

Judith Moore '62: I am now a professional review consultant travelling all over the U.S., consulting in psychiatric hospitals and in psychiatric and chemical dependency units in general hospitals on quality assurance and JCAH accreditation. I travel Monday through Friday and love it.

Sharon Anderson '64: We have moved to Midlothian, Virginia, outside Richmond. I plan to return to nursing, possibly with an oncology group.

Lucia Baumgartel '64: I am a housewife and very happy, not working at present.

Judith Davis '64: How well I remember Nanny Peterson teaching me how to take care of her brother in the Palmer Building. I saw Wendy Sandburg there this past October while specialing in Farr.

Cynthia Ashley Blaszak '66: We recently moved to Pennsylvania where we bought a farm and are considering raising sheep. I returned to work in January. Our sons are in college and our daughter is a senior in high school.

Hazel Constantine Gull '67: I have recently been promoted to head nurse of the OR and the post-anesthesia care unit at Howard County General Hospital in Columbia, Maryland. I am also in graduate study at U. Maryland in the nursing health education program.

Bonnie Evans MacAleese '67: I am still charge nurse in the nursery at Mobile Infirmary Medical Center. Bob is professor of psychology and chairman at Spring Hill College. Ken, 10 years old, is in fifth grade and thinks he is Chuck Norris and Bruce Lee rolled up into one. If you ever get to the Gulf Coast, stop and see us.

Mary Quinn Peterson '67: My husband and I have just moved to California from Chicago. I'm looking for part-time work in OB. Our girls are 4½ and 2 years, and cute as can be! Are we having a 20-year reunion? Even though I'm far away, I'd be glad to help.

Dara Young Keenan '68: The Children are 14, 11, 3, and 1. Life is very busy, but I find time to work part-time in Faulkner's ICU.

Patricia Christie '69: I have been promoted to major in the Air Force Reserve, and assigned to the 74th Aeromedical Evacuation Squadron, Westover AFB Reserve Unit, as a flight nurse.

Marcia Green '71: I am still a computer programmer. Bonnie is 2 years old; our new son, Kenneth Cary, was born in February.

Deborah Finnin Henderson '71: I'm finally on the way to my B.S.N. at Worcester State College. My boys are in third and fifth grade. John is still working at Medfield State, now in the storeroom.

Pamela Wicks Kelly '71: Now a junior at South Oregon State College in B.S.N. program, I work on call at St. Charles Hospital in Bend, primarily in mental health and ICU.

Jean Beaujean Cox '72: I am presently working at one of the first free-standing ambulatory surgery centers in the state of Wisconsin.

Jean Elrick '72: I have my M.D. from Harvard, and am currently a surgical resident at MGH.

Lorraine Fournier '72: I have just started working in the new day surgery center at Concord (N.H.) Hospital, and enjoy the change from supervising. Kendra, 9; Kara, 4; and husband Don are well and enjoying life in N.H.

Jeanne Gallant '72: I am married and have two sons, and am working full-time in maternal/fetal ICU at U. Conn. Health Center. I am also completing a BA in women's studies/creative writing through Goddard College in Vermont.

Nancy Rettig Brown '73: Our children are ages 7 and 8. I work at Elliot Hospital Trauma Center in Manchester, N.H., in the ICU.

Virginia Plante Perejda '73: We have moved from Pennsylvania to Connecticut and hope to remain in New England. We now have four children – two girls and two boys.

Jayne Sharrow '73: I recently have been certified in gerontological nursing by the ANA. Really enjoy working with this age group!

Monique Fortin Hegarty '75: We have been in our new home since September 1986; we rebuilt it after a disastrous fire. My husband is a high school English teacher on sabbatical this year, and we have just returned from a two-month trip to New Zealand and Fiji. Would recommend it to anyone! Although not working, I plan to keep my license active. I enjoy and value my quality clinical NEDH education, and love and *believe* the "caring nurse" attitude I was taught.

Deborah Woodward Kasindorf '75: I received my B.S.N. from Northeastern in 1983 and am employed at Emerson Hospital on an orthopedic unit. Our son Alan will be 5 soon.

Robin Tucker '75: I recently moved to a new home in Bedford, N.H. I am enjoying my ninth year as labor room nurse at the Elliot Hospital in Manchester.

Ann Marie Manning '76: I'm working PRN at Parkland Medical Center in Derry. I've been involved in teaching health, hygiene, and sexuality education at my children's parochial school. That's great fun!

Shirley Ann Weir '76: Danny and I gave birth to our third child, Ashley Ann, in March 1986. Brent, 6 years, and Bradley, 4 years, are very proud.

Karen Blair '77: I am clinical supervisor and acting director of a home health care agency. Recently moved to nearly three acres in Hampden, a lovely small town.

Cynthia Campbell '77: Last fall I was transferred from California to RAF, Upper Heyford, U.K., getting me a front-row seat for the raid on Libya – quite exciting. I also was promoted to captain around the same time. I recently became assistant VIC of my unit – an unusual honor for a "baby captain." I keep busy in my off-duty time seeing the U.K. and Europe.

Nancy Hossack Miles '77: John and I have three beautiful children, Nathan John, Born 3/1/80; Jessica Faye, born 7/9/81; and Robert George, born 3/10/86. I work part-time evenings in an emergency room.

Kathleen Bolton '79: I'm currently working on my B.S.N. full-time at Sonoma State U. Took a class from Jan Hitchcock '56, who is teaching community health nursing there!

Kathleen Balzarini Chung '79: I am working in the CCU at Lahey Clinic and living in Nashua, N.H.

Andrea Perry '79: I have been living in Memphis, Tennessee, for the past five years. I am working in urology/oncology research at the U. of Tennessee.

Carolyn Morrison Tweedy '80: I am living and working as an agency nurse in London. I do ICU nursing at a variety of London's top hospitals. So far it is a great experience.

Susan Duty '81: I married in August '81, and we bought a house in Hanson. I just left NEDH and am now working in an operating room at South Shore Hospital.

Julia Simonds '84: I have a new job at University Hospital in surgical oncology. Also bought a house in the Hough's Neck section of Quincy – water views and much work to fix it up, but loving every minute.

Leslie Birney '85: I moved back to Minneapolis after a year in California. I have accepted a position at U. of Minneapolis Hospital on the bone marrow transplant unit. Also am being married May 30; busy planning, etc. Hello to all!

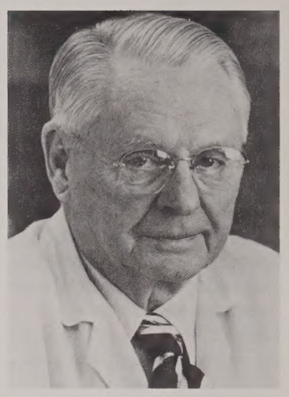
Paula Richardson '85: I completed my B.S.N. at Southeastern Mass U. in May, and will begin a graduate program in January '88.

Nancy Saganich Scalise '85: I was married October 11, and am working on the stepdown cardiac unit at Buffalo General.

Lourie Willson '85: I am currently night charge nurse on a locked unit at Arbour Psychiatric Hospital.

Theresa Melville Lugg '86: I was married recently, and we are residing in beautiful, sunny California. I am working on a surgical unit of Memorial Hospital in San Leandro. Hello to all!

Lyman Hoyt retires after distinguished Deaconess career



Lyman Hoyt, M.D.

Lyman Hoyt, M.D., who has served the Deaconess in many leadership roles during almost 60 years on the hospital's staff, is retiring this summer. Since beginning his association with the hospital in 1929, he has been instrumental in the establishment of the medical residency program and in raising funds for educational and building programs.

Robert C. Moellering Jr., M.D., chairman of the Department of Medicine, says, "Dr. Hoyt is an absolutely remarkable person who, despite his devotion to his own private practice, saw the importance of a hospital teaching program and has dedicated himself wholeheartedly to the department's teaching activities. He wrote the staff bylaws that allowed the establishment of a Department of Medicine and residency program. Several years later he acted as interim department chairman while Dr. Tullis [James Tullis, M.D., former chairman of Medicine] was on leave, and was so successful that the house staff wrote him a note of appreciation. That sort of acknowledgment is very rare."

Hoyt began working to develop a residency program in 1956 when he was appointed the hospital's physician-in-chief. In 1968 the medical teaching service (now Palmer 3) was named "The Lyman Hoyt Unit" in recognition of his contributions to the program.

Another major area of activity has been raising funds for the Deaconess. He says, "I've been very fortunate to have former patients who have been very generous to the hospital. Some of them made major contributions to the construction of the Farr building, and one endowed the Department of Medicine's visiting professor program."

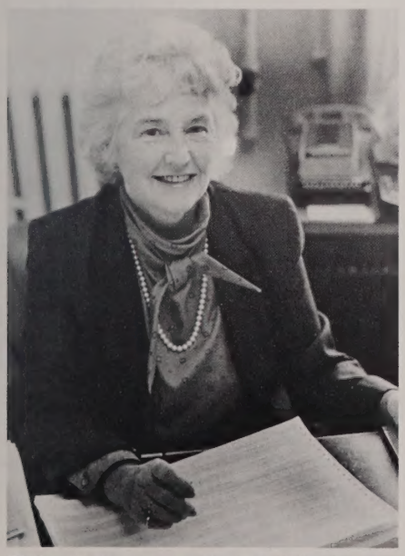
Many major grants have come through Hoyt's association with the Frederick J. Kennedy Foundation, including several million dollars for the construction of Kennedy Hall. "I am most proud of the fact that, when the Cancer Research Institute was being converted to surgical research space for investigators moving here from Boston City Hospital, I was able to get a grant from the Kennedy Foundation to reserve a lab for the chairman of Medicine," he says.

He also has served as chairman of the staff development committee, which campaigns for contributions from the medical staff, and has participated in the annual fundraising Phonathons. He says that his work on behalf of the hospital "has been fun. And I've enjoyed having my own practice as well.

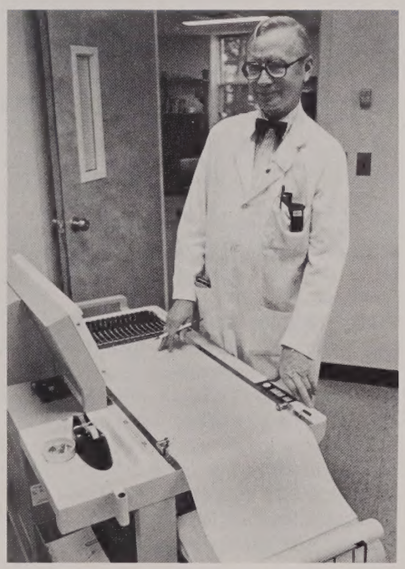
"I've seen the Deaconess grow and undergo so many changes over the years," he says. "I hope the young people will continue their work with transplants and other new developments, and that the Deaconess will always be a place where excellent patient care is given."

Gladys Healy, director of Telecommunications, says that in her 25 years at the Deaconess, "We've gone from the old manual cord board in the Deaconess basement to today's shared Centrex system run by MASCO (Medical Area Service Corporation). Back when I started as an operator, we had 33 lines serving 1,250 phones, and the hospital's monthly phone bill, including equipment rental, was about $10,000. Today's system has 1,600 lines and 2,100 phones. We own the phone equipment, and our monthly service bill is about $93,000.

"No matter how the technology changes, the need for courteous, helpful service is the same as ever," Healy says. "I've enjoyed coming to work at the Deaconess for the past 25 years. The concern that everyone has for each other here is so apparent."



Gladys Healy oversees the hospital's phone system, which is provided by MASCO.



Bill Nichols started the hospital's EEG department and now supervises the electrophysiology lab.

When Bill Nichols, chief EEG technologist, arrived at the Deaconess 25 years ago, "It was just one machine and me," he says. "Until we got the second, portable machine 12 years later, all patients needing EEGs had to come to us, even those from the ICU or Recovery Room." (EEG or electroencephalography is a measure of the brain's electrical activity.)

Today Nichols supervises the neurophysiology lab, which includes two EEG machines and a variety of sophisticated neurologic testing equipment. He also is an instructor in clinical neurophysiology at Labouré College. He says, "One of the things that has given me the most pleasure over the years has been working with Dr. Locke [Simeon Locke, M.D., chief of neurology]. The Deaconess always has been a very congenial, friendly place to work."

Mary Wiegand, patient transporter, has enjoyed helping and getting to know patients for the past 25 years. Her job hasn't changed much since she began, except that there are many more locations to which patients need to be transported.

"We take patients everywhere in the hospital: to the operating room, physical therapy, respiratory therapy, dialysis, and down to the lobby when they go home," she says. "We also take patients to other hospitals — to Dana-Farber, Children's, or the Brigham — for treatments they get over there. We have to be able to find all those places and keep up with changes when departments move."

Mary Wiegand transports patients throughout the Deaconess and sometimes to nearby hospitals.

Steele receives major grant for colorectal cancer research

"Work done by basic scientists in the lab is more likely to produce results that are clinically significant if patient care people are closely involved."
— Glenn Steele, M.D., chairman of Surgery

The National Cancer Institute has awarded a three-year, $3 million grant to Glenn Steele, M.D., chairman of the Department of Surgery, for research in colorectal cancer, the second most prevalent type of malignant disease. The grant supports a major program combining the efforts of basic scientists, who study how cancer cells develop on a biochemical and cellular level, with those of clinical researchers, who look for improved methods of diagnosing and treating patients with cancer. It is one of the largest awards ever made for a combined basic and clinical research program into colorectal cancer.

"The idea behind our program," Steele says, "is that the work done by basic scientists in the lab is more likely to produce results that are clinically significant if patient care people are closely involved."

The research program consists of six separate but related projects, and the overall effort addresses three areas of inquiry. The first area is improving the usefulness of known tumor markers, substances in the blood that indicate the presence of certain tumors. Investigations of how markers are produced and metabolized will add to understanding of the meaning of various levels of tumor markers in the bloodstream.

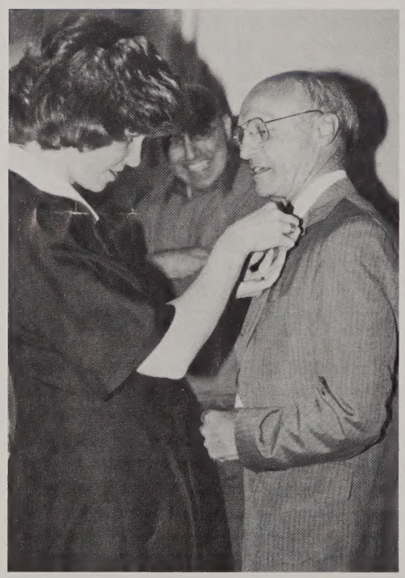
The second theme of the program involves identifying tumor antigens (substances produced by tumors that provoke a response by the immune system) that can serve as new tumor markers. As important antigens are identified and their relationship to tumor development is established, researchers will attempt to develop monoclonal antibodies, which may be able to change how the tumors behave. (Antibodies are produced by the immune system to destroy antigens; monoclonals are antibodies produced in the laboratory to attack a particular antigen.)

The third aspect of the study is the application of basic science findings to the diagnosis and treatment of cancer patients. A smooth, two-way flow of information between basic and clinical scientists is assured by regular meetings of team members where recent findings are shared.

Steele says, "We have a group of people who are committed to working together to find answers. That's not the case at many other institutions where the basic and clinical researchers are rather isolated from each other."

In addition to Steele, key members of the research team are Arthur Mercurio, Ph.D., Calvin Saravis, Ph.D., Ian Summerhayes, Ph.D., and Peter Thomas, Ph.D., of the surgical research staff; and surgical oncologists T.S. Ravikumar, M.D., and Henry Sears, M.D. Participating scientists from other institutions include Lan Bo Chen, Ph.D., from Dana-Farber Cancer Institute; Paul Matsudiara, Ph.D., from the Whitehead Institute at Massachusetts Institute of Technology; and Norman Zamchek from the Mallory Institute of Pathology. Studies will be conducted in the cancer biology labs at Shields Warren Radiation Laboratory.

Cancer biology research will be covered in greater detail in the Autumn issue of *Deaconess Directions,* the hospital's magazine.



Wendy Beals, vice president for Operations, pins a carnation on Carl Hoar, M.D., vascular surgeon, at his retirement party in May. During his more than 30 years at the Deaconess, Hoar served as president of the medical staff, acting chief of vascular surgery, and a member of the medical administrative board and several hospital committees.

Clinic offers counseling, screening for inherited diseases

A new clinic established within the general internal medicine section of the Department of Medicine will offer information, counseling, and diagnostic screening for adult patients concerned about inherited illnesses in their families.

Paul Billings, M.D., Ph.D., internist and director of the clinic, says, "We are offering genetic counseling for those who have a history of an inherited disease in their families, for expectant parents who have had an abnormal amniocentesis [a test done during pregnancy that can reveal genetic abnormalities in a fetus], and for patients with difficult to diagnose problems whose detailed family history may reveal a previously unsuspected genetic illness. Eventually we hope to offer sophisticated lab tests that will screen for specific inherited disorders."

Inherited diseases for which counseling is offered include Huntington's disease, neurofibromatosis, cystic fibrosis, and muscular dystrophy. Also of interest are people with conditions such as heart disease, high blood pressure, cancer, and diabetes who have several relatives that are similarly affected.

For more information on the clinic for inherited diseases, call the general internal medicine section at 732-9719.

NEDH in the news

- Jerome Groopman, M.D., chief of hematology/oncology discussed proposals to speed up FDA approval of experimental drugs on the "Today" show. He also appeared on Channel 4's "AIDS Lifeline" live call-in program. Groopman and several members of his research team, including Roberta Ferriani, senior research assistant, were featured in a program on AIDS treatment and research on Channel 5's "Chronicle."
- Steve Hoffmann, M.D., infectious disease fellow, discussed his book *Under the Ether Dome* on the David Brudnoy show on WBZ radio.
- Richard Marlink, M.D., oncology fellow was interviewed regarding a program aimed at slowing the spread of AIDS in drug addicts for the Channel 4 evening news.
- Richard Nesto, M.D., cardiologist; Nancy Bryant, head nurse, Ambulatory Services; and several members of the Triage Unit staff, were featured in a program on heart disease on Channel 5's "Chronicle."
- Lisa Rodrigues, R.N., operating room nurse, and School of Nursing student Michelle St. Laurent appeared on a talk program on radio station WZLX-FM in conjunction with National Nurses Day.
- Steven Shama, M.D., dermatologist, was featured in a three-part series on skin cancer on the Channel 4 evening news.

Employment associates Anita Choi (on ladder) and Jackie Glenn, Human Resources, hang a banner in the Farr lobby during National Hospital Week. The hospital sponsored several coffee hours during the celebration to thank employees for their work throughout the year.

Tenth anniversary marks recommitment to smoking policy

Ten years ago, New England Deaconess Hospital established what was one of the first hospital smoking policies in Massachusetts. Smoking was restricted to "limited, specifically defined areas": departmental lounges and a section of the cafeteria for employees, and a portion of the lobby for visitors.

In the intervening years, the hospital has been regarded as a model smoking-restricted institution. Smoking areas in the lobby and cafeteria have been eliminated, and the Pilgrim's Korner vending area is the only authorized smoking area for visitors and employees. (Some employees also have been smoking illegally in certain lounges and private offices.) At the same time the limiting of smoking in public areas — restaurants and offices as well as health care institutions — has become more widely accepted in society at large.

"The idea behind our policy," says Judith Miller, R.N., senior vice president for Nursing and member of the hospital's smoking policy committee, "always has been slow, steady progress in cutting down smoking in the hospital. We emphasized education, rather than antagonizing or ostracizing smokers. We don't plan on changing that, but we also feel a need to renew our commitment to the existing policy and step up our efforts to encourage compliance."

Part of the responsibility for this renewed commitment has been taken on by the hospital's clinical nurse specialists in cardiovascular disease, Lori Ouellette, R.N., M.S., and Teri Stokes, R.N., M.S. As part of the hospital's Heart Month activities in February, they presented information in the Farr lobby, the cafeteria, and on each nursing unit about the hospital's policy and smoking-associated problems.

"We wanted to emphasize the rights of non-smokers," says Stokes. "There have been studies done and now there's a lot of literature available about the dangers of passive smoking [the inhaling of smoke in the air by non-smokers]."

Ouelette says, "Hospital staff members who still smoke know it's detrimental to their health; that just shows how addictive smoking is. Some people who want to quit need some kind of organized assistance. We're working to put together a list of resources to help people quit, and we hope to start some smoking cessation groups here at the hospital."

There are areas at the hospital that have done particularly well in complying with the policy. Several of the nursing units have chosen to eliminate smoking from all lounges and offices. Mary Beth Stone, R.N., Farr 8A head nurse, says, "We've had absolutely no smoking by anyone on our floor for several years. Some of the staff were not very happy when the restrictions went into effect, but they understood why they were necessary."

Stone is one of many employees who used the hospital's policy as an incentive to quit smoking. "I never used to smoke at work anyway, but now I've quit altogether. It's great to be able to work in a smoke-free area," she says.

Blake Cady, M.D., chief of surgical oncology and for many years chair of the smoking policy committee says, "We can be proud of our role as pioneers in having a comprehensive smoking policy. Many hospitals have based their policies on ours, and recently some have developed policies that are even more forceful. For example, Dana-Farber Cancer Institute announced that it will eliminate all smoking from the institution — even from private offices — starting in October. New England Memorial in Stoneham, which is a Seventh-Day Adventist hospital, always has been totally 'smoke-free.' "

Pilgrim's Korner currently remains as the smoking area for employees and visitors. In fact, the room was renovated recently to make it more pleasant. Walls were painted and papered, worn carpet was replaced with floor tiles, and the vending machines were upgraded. Additional "smoke eaters" were installed to clear the air more quickly.

Barbara Stank, manager of Building Services, says, "Pilgrim's Korner is an area used by a lot of employees and visitors, and we wanted to bring it in line with the other public areas of the hospital as a comfortable, pleasant environment."

The smoking policy committee is in the process of assessing whether the current policy needs to be strengthened and looking for ways to eliminate smoking in unauthorized areas by employees, visitors, and patients.

"Having a smoke-free environment in the hospital is very important," Miller says. "It's really a part of maintaining good guest relations, because most patients and their family members prefer it."

Cady says, "It also is critical not to have smoking in a hospital where nearly 50 percent of the seriously ill patients have diseases caused or worsened by smoking.

"The hospital needs now to tackle several issues, including allowing smoking in private offices," he says. "That is a problem for several reasons: it is unpleasant for the visitors and coworkers of the smokers, and it is not fair to smokers who don't have private offices. Nearly all smokers want to quit. Creating a workplace that is free of smoking opportunities can be helpful to those who want to rid themselves of their addiction to nicotine."

The smoking policy committee welcomes employees' opinions and suggestions regarding possible changes to the current policy. Employees are encouraged to complete and return the form below.

"We need to renew our commitment to the existing policy and step up our efforts to encourage compliance."
— Judith Miller, R.N., senior vice president, Nursing

NEDH Smoking Policy

The New England Deaconess Hospital is a health care institution committed to the prevention of disease as well as its treatment. Smoking, the major preventable cause of disease and death in this country, is not permitted in the hospital by any patient, visitor, or employee, except in specifically posted smoking areas. All unposted areas are "no smoking" areas.

Patients may not smoke unless their doctors write an order permitting them to do so. Patients with permission may smoke only in single rooms or in designated smoking areas. Patients may not smoke in bed unless they are supervised and may not smoke in a room with oxygen equipment. Smoking is never permitted and may not be ordered on the intensive care units (Baker 5, Farr 6) or the special care units (Farr 3, Farr 8)

Visitors are asked not to smoke at all in the hospital, if possible. However, the vending area near the hospital cafeteria (Pilgrim's Korner, Baker Basement) has been designated as a visitors' smoking area. This is the only area where visitors may smoke. The solaria on patient floors are not visitors' smoking areas. Medical and nursing staff are asked to help by informing any visitor who does not realize this.

Employees may not smoke and should not visibly carry cigarettes while on duty. Employees may smoke only on their free time and then only in the areas specifically set aside for them and clearly marked as "smoking" areas. (Pilgrim's Korner is the only such area.) Employee lounges and locker rooms are "no smoking" areas.

(This is an abbreviated version of the policy. For a complete copy contact the cardiovascular clinical nurse specialists, beeper 3-2479, or Eleanor Lowry, coordinator of patient and family relations, beeper 3-2544.)

Let us know what you think about the smoking policy

Are you a non-smoker? _____ smoker? _____

What is your opinion of the existing smoking policy?

_____

What should the hospital do to encourage compliance with the existing policy?

_____

_____

What should the hospital do to help employees who smoke to quit?

_____

_____

Should the Deaconess eliminate all smoking from the hospital (including Pilgrim's Korner)?

_____

Please return this form to Public Relations, LMOB 5-G.

news in brief

Ellen Barber, P.T., physical therapist, spoke on physical therapy for oncology patients to senior physical therapy students at Northeastern University.

Richard Baptista, M.S., R.Ph., manager, Deaconess Home Health Care, published an article on infusion phlebitis associated with a programmable syringe-pump system in *Clinical Pharmacy,* and an article on the cost of home total parenteral nutrition in *Nutrition in Clinical Practice.* He also spoke on total parenteral nutrition at a symposium on H_2-receptor antagonists.

Paul R. Billings, M.D., Ph.D., internist, has joined the active staff in Medicine. He will be starting a clinic for inherited diseases at the Deaconess (see page 6) and also is affiliated with Dana-Farber Cancer Institute.

Walter Dzik, M.D., director of the Blood Bank; **Mark Sherman, M.D.,** chief resident in clinical pathology; and **Marsha Riibner, M.T. (ASCP),** blood bank technologist, presented scientific papers at the annual meeting of the Massachusetts Association of Blood Banks. At the same meeting **Jan Ronfeld,** blood donor recruiter, led a seminar on donor recruitment.

Lawrence Friedman, M.D., fellow in general medicine, spoke on the decision to operate for asymptomatic gallstones in diabetic patients at the national meeting of the Society of General Medicine.

Steven R. Goldring, M.D., chief of rheumatology, served on the scientific program committee for the annual meeting of the American Society of Bone and Mineral Research and the American Rheumatism Association.

Jerome E. Groopman, M.D., chief of hematology/oncology, has been elected to the American Society for Clinical Investigation. Membership in the society is limited to clinical investigators who have made significant contributions to the understanding and treatment of human disease.

Dewey Harrison, M.D., chief of vascular and interventional radiology, spoke on percutaneous catheter intervention in malignant biliary tract disease at the District of Columbia chapter of the American College of Radiology and on the imaging of aortic dissections at the Howard University Hospital.

Jeanne M. Holm, R.N., home infusion nurse, Deaconess Home Health Care, recently was certified by the National Intravenous Therapy Association.

Roger L. Jenkins, M.D., chief of liver transplantation, was Kurtz visiting professor at Dartmouth-Hitchcock Medical Center and presented a paper on ABO mismatch and liver transplantation at a meeting of the American Society of Transplant Surgeons.

Robert Kane, M.D., radiologist, spoke on sonography of the liver in portal hypertension and on ultrasound of the kidneys and adrenal glands at a Harvard Medical School postgraduate course on ultrasound.

Michael Karlstad, Ph.D., hyperalimentation, received a travel grant to present a paper on alterations in protein and energy metabolism after thermal injury to the International Shock Conference.

Richard E. Lee, executive vice president, presented a paper to the International Health Economics and Management Institute.

Robert Lees, M.D., chief of peripheral vascular disease, chaired a session on cardiovascular disease at the meeting of the American Society for Clinical Investigation.

Peter Madras, M.D., vascular surgeon, spoke on experimental arterial intimal hyperplasia at a Georgetown University symposium on arterial sclerosis in transplanted organs.

Eleftheria Maratos-Flier, M.D., internist/endocrinologist, has joined the active staff in Medicine. She conducts research at Joslin Diabetes Center into the viral etiology of diabetes.

Ernest Mathews, M.D., neurosurgeon, presented a neurosurgery update at Somerville Hospital.

William V. McDermott Jr., M.D., surgeon, spoke on surgery of portal hypertension as visiting professor at the Uniformed Services Medical School in Washington, D.C. He also spoke on the Budd-Chiari syndrome to the New York chapter of the American College of Surgeons.

Daniel Miller, M.D., chief of otolaryngology, was elected an emeritus fellow of the American Laryngological, Otological, and Rhinological Society. He spoke on treatment of advanced cancer of the larynx to the New England Otolaryngological Society.

Judith Miller, R.N., senior vice president for Nursing, was one of 41 senior nurse executives selected to participate in the 1987 Johnson & Johnson-Wharton Fellows Program in Management for Nurses.

Anthony P. Monaco, M.D., chief of organ transplantation, and **Takashi Maki, M.D., Ph.D.,** Cancer Research Institute, have received a research grant from Molecular Therapeutics Corp. Monaco recently chaired a conference on organ transplantation across ABO incompatability barriers, sponsored by the Albert Einstein Medical Center.

Ellison Pierce Jr., M.D., chairman of Anaesthesia, spoke on current controversies in anesthesia at the Henry Ruth Conference sponsored by Hahnemann University.

Dorothy Ross, director of Marketing, has been named a member of the American College of Healthcare Executives.

Robert C. Savage, M.D., plastic surgeon, has been named an associate member of the American Society for Surgery of the Hand.

Brian F. Shea, M.S., R.Ph., staff clinical pharmacist, and **Paul Sesin, Pharm. D., R.Ph.,** coordinator of pharmacy clinical services, coauthored a paper on acyclovir-associated fever in *Pharmacotherapy.*

David Shaffer, M.D., surgical resident, received the Upjohn Award from the American Society of Transplant Surgeons for his research in experimental small bowel transplantation.

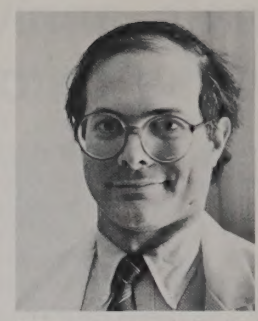
Albert L. Sheffer, M.D., chief of allergy, spoke on exercise-induced anaphylaxis and related syndromes as the Harvey Beck memorial lecturer of the Maryland Asthma and Allergy Society and Maryland Thoracic Society.

Robert J. Smith, M.D., internist/endocrinologist, has joined the active staff in Medicine. He is head of the metabolism section in the Joslin Research Lab.

Karen Todd, R.N., assistant head nurse, outpatient oncology, spoke on venous access ports at a cancer symposium sponsored by Framingham Union Hospital.

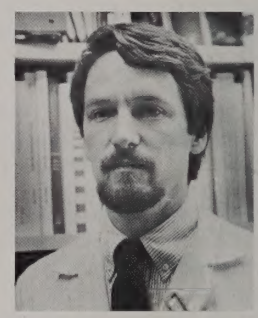
Michael M. Wick, M.D., Ph.D., has been elected to the American Society for Clinical Investigation. Membership in the society is limited to clinical investigators who have made significant contributions to the understanding and treatment of human disease. He also received a grant from the National Cancer Institute to study the clinical application of new drugs for the treatment of malignant melanoma.

John Zrebiec, M.S.W., social worker, published a chapter on the psychosocial aspects of insulin-dependent diabetes in young children in the book *Pediatric and Adolescent Diabetes Mellitus.*



Paul R. Billings, M.D., Ph.D.

Eleftheria Maratos-Flier, M.D.



Robert Smith, M.D.

Service Awards Dinner (see page 4)

Phil Pacella, manager, Pharmacy, (right) accepts his Award of Merit from Richard Lee, executive vice president.

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